PTO/SE/06 (08-03)
Approved for use through 7/31/2006, OA/B 0651-0032
adaman Office; U.S. DEPARTMENT OF COMMERCE

Under the Poperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number.											
PATENT APPLICATION FEE DETERMINATION RECORD									Application or Doctust Number		
Substitute for Form PTO-875									11/605/025		
CLAIMS AS FILED - PART I OTHER THAN											
	(Column 1) (Column 2)					SMALL ENTITY		OR	SMALL ENTITY		
┢					1			1			
FOR NUMBER FILED NUMBER EXTRA					RATE	FEE		RATE	FEE		
BASIC FEE (37 CFR 1.18(a))				l		395			•		
10	TAL CLANES	7.0		<u>.</u>					COR	——	
<u> </u>	CFR 1.18(c))	18	nebnus 20 • ·				x \$=		OR	× *•	
	EPENDENT CLAI CFR 1.16(b)}	43 3	-3 minus s				X \$ •		OR	X	
									_ <u>~</u>		
	LTIPLE DEPENDE	ENT CLAIM PRESE	NT ((37 CFR 1.15(d))		+5		OR	42	<u> </u>	
* If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL	395	OR.	7071	
							IOIAL (, ux	TOTAL	
CLAIMS AS AMENDED - PART II											
١,								OTHER	R THAN		
Ŀ	4-115	(Cotumn 1)		(Cotumn 2)	(Cotumn 3)		SMALL E	NTITY	OR		ENTITY
4	l	CLAIMS REMAINING	I -	HIGHEST	PRESENT	1 1	RATE	100			
l⊨	l	AFTER		PREVIOUSLY	EXTRA	l	LOVIE	ADES- TIENAL		RATE	ADDI- TIONAL
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S	Total promissor	19	Minus	20		ł	x5		OR	x s=	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM (OF CFR 1.15(d))						1 1	TOTAL		OR	+s_=	
							ADD'L FEE		OR	ADD'L FEE	
	8-1-05	(Column 1)		(Catumn 2)		_			•		
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1,16(d))							• .	\	CR	,, ` ,	
							TOTAL	\rightarrow		TOTAL	
							ADD'L FEE		OR	ADD'L FEE	
	5-22-06	(Cotumn 1)		(Cotumn 2)	(Column 3)			1			
υ		CLAIMS		HIGHEST		1			.1		
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MENT		AMENDMENT		PAID FOR				TIONAL PEE			FEE
MO	Local by Charriston	. 19	Minus	70	•		x • _ • x		OR	x \$=	
(END)	Independent (I7 CPR 1.18(tt))	N	Minus	™ 3:	•		**		OR	x \$ =	
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.16(d))						7		· · ·		
	· INDI PRESENT		. JEPEPE	er coul (ar or	≂ 1.10(Δ))	L	+8		OR	+ 5	
			•				YOTAL ADDIL FEE	\	OŘ	TOTAL ADD'L FEE	
* If the entry in column 1 is less then the entry in column 2, write '0' in column 3.											
" If the "Righest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20".											

"If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter "2".

"If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) as application. Confidentiality is governed by 35 U.S.C. 122 and 31. Exp. 12. It is collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of thee you require to complete this form and/or suggestions for neducing this burden, should be sent to the Crief Information Officer, U.S. Patient and Trademath Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEAD FEES OR COMPLETED FORMS TO THIS ADDRESS, SEAD TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and salect option 2.